

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G51499

1. Entity Name
STANLEY I. HAND, JR., M.D., P.A.

Principal Place of Business
% STANLEY I. HAND, JR., M.D.
1622 S ORANGE AVE
ORLANDO FL 32806

Mailing Address
% STANLEY I. HAND, JR., M.D.
1622 S ORANGE AVE
ORLANDO FL 32806

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90032 013 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
115 W Columbia
Suite, Apt. #, etc.
Suite A
City & State
Orlando FL
Zip
32806
Country

3. Mailing Address
115 W Columbia
Suite, Apt. #, etc.
Suite A
City & State
Orlando FL
Zip
32806
Country

4. FEI Number 59-2308226
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HAND, STANLEY I., JR., M.D.
1622 S ORANGE AVE
ORLANDO FL 32806
115 W Columbia Suite A

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Stanley I Hand Jr MD DATE 3/13/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAND, STANLEY I JR		NAME		
STREET ADDRESS	1622 S ORANGE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley I Hand Jr MD DATE 3/13/01 DAYTIME PHONE # 407-650-7610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)